MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/583877 APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS														
	AS FILED		AFTER '1"AMENDMENT		AFTER 2 ⁸⁴ AMENDMENT				AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
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